

ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD  
1740 W. ADAMS ST., SUITE 4600, PHOENIX, ARIZONA 85007  
PHONE (602) 364-1PET (1738) FAX (602) 364-1039  
VETBOARD.AZ.GOV

**COMPLAINT INVESTIGATION FORM**

If there is an issue with more than one veterinarian please file a separate Complaint Investigation Form for each veterinarian

PLEASE PRINT OR TYPE

**FOR OFFICE USE ONLY**

Date Received: April 7, 2022 Case Number: 22-116

**A. THIS COMPLAINT IS FILED AGAINST THE FOLLOWING:**

Name of Veterinarian/CVT: Taylor Williams  
Premise Name: Humane Society of Mohave County  
Premise Address: 1700 Maple Street  
City: Kingman State: AZ Zip Code: 86401  
Telephone: 928 692 5226

**B. INFORMATION REGARDING THE INDIVIDUAL FILING COMPLAINT\*:**

Name: William & Terry Young

Address:

City:

Zip Code:

Home Telephone:

\*STATE LAW REQUIRES WE HAVE TO DISCLOSE YOUR NAME UNLESS WE CAN SHOW THAT DISCLOSURE WILL

(2)

**C. PATIENT INFORMATION (1):**

Name: Sugar  
Breed/Species: Mixed Dog  
Age: 11 Sex: F Color: white

**PATIENT INFORMATION (2):**

Name: \_\_\_\_\_  
Breed/Species: \_\_\_\_\_  
Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Color: \_\_\_\_\_

**D. VETERINARIANS WHO HAVE PROVIDED CARE TO THIS PET FOR THIS ISSUE:**

Please provide the name, address and phone number for each veterinarian.

Taylor Williams 1700 Maple St Kingman Az  
928-692-5226  
Southside Animal Hospital - Betty Wilson  
7010 S. Padre Island Dr. Corpus Christi, Tx.  
361-993-7388 78412

**E. WITNESS INFORMATION:**

Please provide the name, address and phone number of each witness that has direct knowledge regarding this case.

William F. Vouna



**Attestation of Person Requesting Investigation**

By signing this form, I declare that the information contained herein is true and accurate to the best of my knowledge. Further, I authorize the release of any and all medical records or information necessary to complete the investigation of this case.

Signature: Perry Lee Young

Date: 4/3/22

**F. ALLEGATIONS and/or CONCERNS:**

Please provide all information that you feel is relevant to the complaint. This portion must be either typewritten or clearly printed in ink.

Three separate times I took Sugar to see Mz. Williams about a cough that didn't clear up. X Rays and bloodwork showed nothing, according to Ms. Williams who did not provide copies of either the first 2 times and only bloodwork the 3rd. We explained we were moving and were worried and were told, good luck. Sugar worsened several days after leaving the state and an emergency vet in south Texas diagnosed a mass in her lung. We traveled to Corpus Christi and saw Dr. Betty Wilson there who felt Sugar had Valley Fever and started her on Fluconazole March 14th and a breathing treatment. She diagnosed a collapsed lung and many, many growths or lumps in her lungs specifically the left lung inhibiting her breathing. Nodules. Sugar died March 16th at 5pm. We feel Dr. Williams did not listen to our concerns for Sugar, instead deciding for herself what needed to be done and what the problem was. She directly caused Sugar's death by not treating her symptoms as we described them. Knowing we have another dog with Valley Fever, she should have been more proactive with Sugar's cough. Dr. Wilson suspected Valley Fever once she heard we had

(cont.)

another dog, with the same issue. Dr. Williams should have suspected it as well, isn't that what a vet is supposed to do? Look at evidence and provide treatment? Our beloved dog died in pain... She suffered for months with that disease and we let her because we trusted a vet who told us, "everything looks good." Don't allow someone else's pet to suffer and die like Sugar because they trust a vet who is either incompetent or money grubbing.

**RECEIVED**

APR 27 2022

Dear Arizona Veterinary Examining Board;

Initial: \_\_\_\_\_

This letter is in response to the Board complaint 22-116, Ms. Terry Young vs Dr. Taylor Williams. The complainant states that I had seen her pet multiple times throughout the past year and ignored her concerns regarding her pet's cough. She states that her pet was diagnosed based on radiograph with Valley Fever by another veterinarian in March and died a few days later. The owner claims that I examined her pet on multiple occasions, and missed the diagnosis of valley fever.

In her statement, she refers to her other pet Nala, who was diagnosed in 10/21/2021 with Valley Fever based on a history of limping and had a titer of 1:16.

You will see a summary of each visit that Ms. Young was here with Sugar Young. I only saw her pet on two occasions, once on 7/7/21 for a mass removal estimate and on 1/27 for a scheduled otipack recheck exam which was then changed to a full exam at the patient request. The other two doctors in my practice saw her for various other visits, performed lab work and radiographs, and performed a mass removal on other visits throughout the year. I have attached summaries of each of these visits provided by the corresponding attending DVM. In January we did switch to Cornerstone software, so you will see our older exams are included but have been converted and the doctor unfortunately is only seen on the software screen not printed so I have written each attending doctor at the bottom of the page. I also have printed the reason for visit and highlighted it to show if the complaint of coughing was relayed either at time of booking visit or relayed to a receptionist as well.

Terry Young was a previous client in 2017 but then was unsatisfied with our prices and services. The first time our hospital saw Sugar since 2017, was on 7/7/21 with the complaint of a mass. At that visit I made a point of asking if she would like her records after this visit because I had remembered how much she disliked all veterinarians at our practice at this time. She stated that she was not satisfied with her other hospital anymore and would try us again.

7/7/2021 – "Sugar" Young was seen at Low Cost Spay/Neuter Clinic on 7/7/2021 with the complaint of a mass that had opened up and was bothersome. At this time a mass was noted and recommended to be removed. There was bloodwork previously done at a prior vet so we did not run lab work at the time. An estimate was made and the owner was recommended to have the mass removed. The pet was not coughing at this time, had bilaterally torn cruciate causing severe limping in hind limbs and arthritis. The pet was on carprofen and cosequin for pain relief. Pet was prescribed cephalexin to reduce infection before surgery. At this time their other pet Nala was not diagnosed with VF or symptomatic. Please see attached medical notes for more than the exam summary.

7/21/21 – Pet was seen for a mass removal on the right thorax by Dr. Dowling. Blood work and chest x-rays were performed at this visit as a presurgical screen. Dr. Dowling reviewed x-rays and notated an enlarged heart but no nodules, and lab work was unremarkable. The doctor deemed that Sugar was clear for surgery. The mass was removed uneventfully. Owner declined

Vetmedin that was recommended for enlarged heart and Dr. Dowling explained risks of heart issue and all follow up was declined by owner.

8/13/2021 – Pet was seen for suture/drain removal. Incision was looking good.

8/19/2021 – Owner called to say that an area above the previous suture site had a small draining area and that the pet had a fever of 103.2. Reception advised the owner to bring pet in.

8/20/21 – Sugar was seen by Dr. Miranda Ellman. X-ray was taken of the limb at that time and mild arthritis was noted by doctor. Due to severity of RF limb swelling and fever, Dr was worried that mass could have been a mast cell tumor that was now angry causing swelling and fever. Blood work was performed which showed mild increase in monocytes but otherwise unremarkable. The Young's declined pathology on the mass, so there was no way to know what type of tumor this was. Her other pet was not diagnosed with valley fever at this time so due to low on a differential list, VF was not tested for at this time.

1/12/2022 – Pet was seen for ear issues by Dr. Dowling. Attached is medical exam notes. At this visit the key things were that a murmur was ausculted on visit and no cough was mentioned. Only allergies, pet was started on ear medication and steroid for infection. Owner made it very clear to the doctor that she wanted only the ears to be addressed and did not want to address any other issues.

1/27/2022 – Pet was seen for an otopack recheck (an ear medication is cleaned out of their ears after 2 weeks). Dr. Taylor Williams, myself, was the doctor on this case. The owner did want to see a doctor to talk about carprofen refills, needing lab work.. I performed the exam, notated severe arthritis, torn ccl bilaterally, moderate dental disease, I did not note a murmur on auscultation. On the exam form and in the history taken by the technician, I did not notice any mention of the dog coughing, and this pet had a long history of hind end lameness. There was no change in the severity of the limping. The limping was also more severe in the hind limbs which I attributed to the bilateral ccl tears that were not surgically treated. I did not auscultate any lung abnormalities and the pet did not cough during the exam or palpation of the trachea which is part of my normal exam. This pet was in the care of my staff for almost 1.5 hours between the initial TPR, history, exam, blood draw, and waiting in our secondary lobby, and did not have noticeable coughing during this time. I spoke with this owner at length in the room about diagnostics. She has been very unhappy with other doctors in our practice, so I usually spent a significant amount of time reviewing things and listening to this client because of her attentive and diligent personality. She was even placed as a Dr. Taylor only client at this time because of her demeanor when she is in our office. I recommended a Total health panel, our regular chemistry 18 plus electrolytes and cbc to determine if there were any changes since last visit. Originally, she had only asked for an NSAID panel (chemistry 8) to determine if she could refill her carprofen but I suggested to do a full panel to ensure there wasn't anything else wrong. The owner did not state that she was having any change in her eating habits and that she was eating normally. The blood work came back with mild increase in neutrophils and

monocytes, consistent with minor inflammation presumably due to joints. The BUN was increased but attributed to older age and pet was having muscle wasting as a senior pet with severe hind end lameness. The creatinine was normal and this pet did have a familial history of kidney disease, so we were monitoring this specifically. I went into our secondary waiting lobby and told the owner that there was mild increase in kidney values since last time but was still within normal range would recommend follow up with annual labs. I instructed it was ok to continue with carprofen as needed. The owner did not have any other questions and seemed satisfied with the results. The owner stated she was moving in a few weeks, we had known this and wished her luck with travels.

The owner states that we would not give her x-rays/legwork. I have never denied Ms. Young of any charts and her other pet Nala, who is on many medications, had her records printed before her move so that her follow up care for valley fever would be uneventful. We would not deny an owner of records.

After Sugar passed, she called and left a message that I needed to return her call. She refused to tell the receptionist what the call was about so I knew that something was wrong. On 3/21 I called her back, she stated that her pet dropped dead of valley fever and that I missed it. I had not seen her for all her visits so I started to pull up x-rays and lab work from previous visits and noticed that coughing was not on the complaint on any of her visits from previous dates. She hung up during this call. I called the owner back again and it went to voicemail after two rings so I assumed the owner did not want to speak further. We have always had to handle this client with a delicate nature, so I did not push the subject further and figured if she had more to say she would call or email and that I would only inflame the situation by calling again. I was not able to leave a message as the voicemail did not prompt when I called back after the initial hang up.

On 4/7/2022 I was notified that Ms. Young demanded a visit with me and had told the receptionist a specific date and time and stated I must be available. I rescheduled exams and met with the owners at their requested time. At this time, she had already placed a complaint with the board, unknown to me. Mr. and Mrs. Young were visibly upset but respectful. I first thought we were meeting by phone because they had moved to Florida. I called their phone at the agreed time and they stated that they were outside and drove here just to see me. We met in an exam room, this meeting was recorded and the video is on the thumb drive attached. They told me that Sugar wasn't getting better after our last visit and the cough worsened a week after our visit. They stated that they stopped at an emergency hospital in Texas on the way to Florida, the hospital diagnosed Sugar with a tumor in the chest. She did show me the x-ray on the phone and I did not see any nodules on this x-ray compatible with VF in my opinion. I did not have any verbal response to this x-ray and she did skirt over this visit quickly other than to say how terrible this doctor was and that they didn't help and were incompetent. After that ER visit, the Sugar progressively was worse, unable to move, obtunded, and was brought to Dr. Betty Wilson at Southside Animal Hospital who then diagnosed them with VF immediately after looking at the x-rays. She stated she could not even see the heart it was so bad and that VF was the only thing she had ever seen do this. I did not see this X-ray. She ran a titer at this visit and

started the pet on fluconazole immediately after hearing their other pet had VF. The O stated that the pet then died suddenly while driving the next day and they were called that the test result had come in that morning, but they never called back to hear the results of the vf titer. Neither the owner or myself knows if the VF test was positive or negative or what the titer was. I was not supplied with any documentation or test results from the emergency visit in Texas or the one at Southside.

In this visit I apologized profusely for not testing her dog for valley fever. I explained that on the visits prior there wasn't a diagnosis of VF for their other pet so it wasn't on the radar of the other veterinarians. I also explained that during the last visit, I didn't know the pet was coughing and so VF was not on my differential list, with no symptoms of VF and no significant changes normally seen in the lab work. I never declined any testing that she had asked for and performed baseline lab tests to determine if there were any glaring abnormalities. She never requested any other testing or x-ray on this Jan visit. We did talk about how she did not request any other tests and didn't remind me of coughing or any other diagnostics. We discussed that valley fever is endemic in this area and what parameters I normally see in lab work, clinical signs, what I could do in the future to make sure that this never happened to any other pet. The owner and I agreed that we would educate other owners regarding VF on a yearly basis so people like the Young family who weren't familiar with the area would know about it and make sure to put flyers up in the rooms regarding the disease. She seemed happy and cordial and did accept the free bravecto and medication for all her pets that we offered to help with some of the costs she had incurred while coming to visit us. I even recommended a specialist in VF for her other pet Nala who is positive and not doing well on meds due to congruent liver disease.

I do feel that if I would have known that Sugar was coughing, I would have immediately recommended a chest radiograph and then valley fever titer if another disease process was not found on radiograph. Ms. Young is a large advocate for her pet's health and highly educated via online self-study, has strong opinions about her pet's care, and we always honor all of her thoughts and opinions. Her pet Nala had a limp that did not respond to NSAIDS in two weeks. She was very attentive about this pet and made sure we knew that her pet was hurting immediately and that the Nsaid's were not effective. The fact that she claims her dog was coughing for 1 year and was missed by all of our staff at every visit when one of the key questions that is asked in a history is if you pet has any coughing, sneezing, vomiting or diarrhea seems unlikely. Her other pet was recently diagnosed with Valley Fever but it is not a protocol to have every pet in the household tested unless the owner requests it or the other pet is symptomatic. With 11 years of practice in the Southwest, I am very familiar with VF and diagnose multiple pets weekly. I have had cases that present in all ways such as limping, coughing, poor wound healing, severe muscle wasting, nerve deficits, ocular tumors, spinal tumors, etc. I wish I would have known that her pet was coughing because then VF would have been placed on my differential list, but unfortunately it was not made known to me.

Furthermore, unfortunately I do not have any records that state that Sugar actually had VF and the owner from my knowledge is making this complaint on an estimate from another veterinarian with no actual test result. She placed this complaint before meeting with me, and



stated at that meeting that she had not called back for the test results. This pet had a history of enlarged heart, possible mast cell tumor on the body, all reasons that this pet could have caused her pet to pass away. In my experience pets that are dying of valley fever in the respiratory form have a terrible deep cough that cannot go unnoticed, they don't eat well, and suffer from significant muscle wasting and can barely move due to the energy expended from coughing. Especially if Valley Fever is the cause of death in 2 short months. I am very sorry that Sugar passed, and sorry that I did not suggest to run a VF titer on Sugar at her last visit, but I do not believe that I did this out of negligence or incompetence other than a missed symptom that would have led my diagnostic tree to another realm. This complaint may not even be legitimate due to the fact that there is no proof of a positive Valley Fever titer and necropsy was not performed.

**DOUGLAS A. DUCEY**  
- GOVERNOR -



**VICTORIA WHITMORE**  
- EXECUTIVE DIRECTOR -

**ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD**

1740 W. ADAMS STREET, STE. 4600, PHOENIX, ARIZONA 85007

PHONE (602) 364-1-PET (1738) ♦ FAX (602) 364-1039

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**INVESTIGATIVE COMMITTEE REPORT**

**TO:** Arizona State Veterinary Medical Examining Board

**FROM:** AM Investigative Committee: Carolyn Ratajack - Chair  
Christina Tran, DVM  
Robert Kritsberg, DVM  
Jarrod Butler, DVM  
Steven Seiler

**STAFF PRESENT:** Tracy A. Riendeau, CVT – Investigations  
Marc Harris, Assistant Attorney General

**RE:** Case: 22-116

Complainant(s): William and Terry Young

Respondent(s): Taylor Williams, DVM (License: 5037)

**SUMMARY:**

Complaint Received at Board Office: 4/7/22

Committee Discussion: 9/13/22

Board IIR: 10/26/22

**APPLICABLE STATUTES AND RULES:**

Laws as Amended August 2018

(Lime Green); Rules as Revised September 2013 (Yellow).

"Sugar," an 11-year-old female mixed breed dog was seen by Respondent and her associates for several ailments in 2021 and early 2022. During those visits, diagnostics and blood work were performed as needed.

On March 14, 2022, the dog was presented to a veterinarian in Texas where the dog was diagnosed with Valley Fever and fluconazole was started. A couple days later the dog passed away.

Complainants state they presented to the dog to Respondent on three occasions regarding the dog's cough and were advised that there were no issues. According to Respondent, at no time was she or her associates advised that the dog was coughing.

**Complainant was noticed and appeared telephonically.**

**Respondent was noticed and appeared telephonically. Attorney David Stoll was present.**

**The Committee reviewed medical records, testimony, and other documentation as described below:**

- Complainant(s) narrative: William and Terry Young
- Respondent(s) narrative/medical record: Taylor Williams, DVM
- Consulting Veterinarian(s) narrative/medical record: Betty Wilson, DVM – Texas vet

**PROPOSED 'FINDINGS of FACT':**

1. Respondent stated Complainants were previous clients in 2017. They were dissatisfied with the prices and services and went elsewhere for care. In July 2021 Complainants returned.
2. On July 7, 2021, the dog was presented to Respondent due to a mass on the right side of the chest that had opened up and was bothering the dog. The dog had arthritis and two cruciate ligament tears. There were no reports of the dog coughing. Upon exam, the dog had a weight = 74.2 pounds, a temperature = 99.6 degrees, a heart rate = 90bpm, and a respiration rate = 40rpm; Respondent noted a mass on the right side of the chest that had green discharge; and a small skin mass on the left hind limb.
3. Respondent stated in her narrative that the dog recently had blood work performed at a prior veterinarian (4/14/21) therefore no lab work was performed at that time. She recommended the opened mass be removed. The dog had bilaterally torn cruciate ligaments causing severe limping on the hind limbs and arthritis. The dog was on carprofen and cosequin for pain relief. Respondent dispensed cephalexin (250mg & 500mg; 28 capsules each) to reduce infection and swelling before surgery.
4. On July 21, 2021, the dog was presented to Respondent's associate, Dr. Dowling, to remove the mass on the right thorax. Blood work and thoracic radiographs were performed. Blood work was unremarkable and the thoracic radiographs revealed cardiomegaly with VHS of 12.47. Complainants were advised of the findings and vetmedin twice daily was recommended; Complainant declined to treat due to lack of clinical signs at home. The dog was administered furosemide pre-operatively to avoid anesthetic induced pulmonary edema secondary to underlying cardiac pathology that may have been connected to the cardiomegaly. Dr. Dowling removed the mass under anesthesia and the dog was discharged later that day with Clavamox. Pathology of the mass was declined.
5. On July 27, 2021, the dog was presented to Respondent's premises for drain removal. The dog was examined; the incision site was healing well; and the drain was removed. No concern of a cough was reported.
6. On August 13, 2021, the dog was presented for suture removal. Incision site looked good.
7. On August 20, 2021, the dog was presented to Respondent's associate, Dr. Elliman, due to fever and some discharge from the previous incision site. Dr. Elliman examined the dog – no fever, but swelling of the right front limb up to the elbow was present; painful on palpation and manipulation. Radiographs of the limb and blood work were performed – nothing significant was noted except for the moderate amount of soft tissue swelling of the limb. Dr. Elliman discussed her findings with Complainants; she stated that the incision site from the mass removal looked good however since the mass was not sent out for pathology, she was concerned that the mass could have been a Mast Cell Tumor and they are now seeing the effects. The dog was discharged with Clavamox, prednisone and Benadryl. The dog was also administered an injection of furosemide.

8. They were no concerns of coughing. The other dog in the household had not been diagnosed with Valley Fever at this time.

9. On January 12, 2022, the dog was presented to Dr. Dowling to have the ears evaluated; Complainants only wanted the ears addressed and no other issues. Weight = 66 pounds. There were no reports of the dog coughing. Dr. Dowling noted the dog had a grade 3 mitral and tricuspid heart murmur, severe arthritis in both knees, and mild yeast discharge in both ears. Ear medication was packed into the dog's ears and a steroid was started.

10. On January 27, 2022, the dog was presented to Respondent to have the ears rechecked, discuss prescription refills and possible blood work. There were no reports that the dog was coughing. Upon exam, the dog had a weight = 61.5 pounds (overweight), a temperature = 100.1 degrees, a heart rate = 100bpm, and a respiration rate = 80rpm. Respondent noted the ear infection had improved; grade 3 dental disease was present; and muscle wasting in the hind end on thighs along with medial buttresses and arthritis on hips and elbows. Respondent recommended blood work due to weight loss to ensure there were no issues; if ok, carprofen could be refilled. Blood results showed mild increase in WBC and BUN therefore carprofen refills were approved for 6 months since the dog was no longer on prednisone.

11. According to Complainants, they left the state and had to see an emergency veterinarian in South Texas. The dog was diagnosed with a mass in her lung. Complainants then traveled to Corpus Christi where they saw Dr. Wilson – she suspected the dog had Valley Fever and started the dog on fluconazole.

12. On March 14, 2022, the dog was presented to Dr. Wilson at Southside Animal Hospital in Texas for dyspnea and coughing. According to the medical records from Dr. Wilson, on March 6, 2022, the dog was diagnosed a mass in the lung by a veterinarian in Arizona. Complainant advised that the dog had been taken to a veterinarian for coughing since December 2021 and was told nothing was wrong. The dog was on carprofen, pimobendan, cardalis, Clavamox, and proviable forte.

13. Radiographs were performed which revealed nodular lung disease with much pulmonary infiltrates. Since Complainants were from Arizona and had another pet with Valley Fever, Dr. Wilson recommended starting fluconazole pending lab results. Dr. Wilson had Complainants discontinue the heart medications and start a sodium chloride and albuterol mixture with a nebulizer.

14. On March 16, 2022, the dog passed away.

15. On March 18, 2022, Valley Fever titer revealed: AGID – positive; CF – positive 32.

16. On March 21, 2022, Complainants called Respondent advising her that the dog had died from Valley Fever and she had missed it. Complainant hung up on Respondent during this call. Respondent reviewed the medical records and radiographs and noticed that coughing was

not on the complaint on any of the visits from previous dates. Respondent attempted to contact Complainants to discuss further but they did not answer:

17. On April 7, 2022, Complainants called and demanded to speak with Respondent in person. Respondent rearranged her schedule to meet with Complainants per their request.

18. Respondent met with Complainants and listened to their experience with the dog. Respondent apologized for not testing the dog for Valley Fever; however at the time, their other dog was not positive for Valley Fever and she was unaware that the dog was coughing therefore Valley Fever was not on her radar.

19. Respondent further denied Complainants' allegations that medical records including blood work and radiographs, were not provided to Complainant upon their request.

#### **COMMITTEE DISCUSSION:**

The Committee discussed that although Complainant stated that she advised Respondent, her associates, and staff on multiple occasions that the dog was coughing, it was not documented in the medical record.

Complainant went to three other veterinarians and it was not until later that the dog was diagnosed with Valley Fever.

The symptoms were not observed by Respondent or communicated to her by Complainant.

#### **COMMITTEE'S PROPOSED CONCLUSIONS of LAW:**

The Committee concluded that no violations of the Veterinary Practice Act occurred.

#### **COMMITTEE'S RECOMMENDED DISPOSITION:**

**Motion:** It was moved and seconded the Board:

*Dismiss this issue with no violation.*

**Vote:** The motion was approved with a vote of 5 to 0.

*The information contained in this report was obtained from the case file, which includes the complaint, the respondent's response, any consulting veterinarian or witness input, and any other sources used to gather information for the investigation.*

TR

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Tracy A. Riendeau, CVT  
Investigative Division